

1. Employee No. 29600

2. Name (Last, First, MI)

Genise, Thomas A.

3. Div/Dept. No. 639 / 357

4. Report No.

5. Dates of Expense: / From 7-10-95 To 7-14-95

		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
6. Date			7-10		7-12	7-13	7-14		
7. City			Highland		Galesburg	Marshall	Marshall		
State/Country			MI 4802		MI 4802	MI 4802	MI 4802		
8. Meals			12.80		23.74	2.91	15.58		54.23
9. Incidentals									5.75
10. Hotel/Motel							44.09		44.09
12. Accounting Use Only									
County Code									
Per Diem Rate									
Variance									
13. Telephone							2.54		2.54
14. Taxi, Auto Rental, Local Transp.									
Rate _____ per mile (miles)	()	()	()	()	()	()	()	()	()
Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>									
16. Employee Purchased Transp.									
17.*Entertainment						5.75			5.75
18. Parking									
19.*Guest Meals			12.06				15.58		27.64
20. Company Paid Transportation									
21. Leased Car Maint. (Detail Over)			3.64						3.64
22.*Other			286.63		18.43				305.06
23. Total Expense			314.39		40.17	8.66	72.78		441.00

● **Account Distribution:**

[illegible]

Advances:
(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous report (if applicable)

Amount due employee
Amount due company

Charge → 625/-01

Purpose of Trip: (Mon) Trip to Highland to test/check out AutoSplit for Friday Demo and to get fuel.
(Wed) Trip to Galesburg to attend J1939 meeting and meet w/ S. Eiler
(Thurs - Fri) Demo of AutoSplit to TCOMB management

*Explain Expenditures Above By Day: Wednesday: 22 (for car van

*** Explain Expenditures Above By Day:**

Sunday:

Monday:

Tuesday:

Wednesday: 23 Gas Ar Co. Van

Thursday: 17 Movie Fee

Exhibit 19

Friday: 19) meals for R. Markyle

张 洋

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Saturday:

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Employee Signature [Signature] Date 7-17-95

Authorized For Reimbursement

Date	Approved

Date _____

1. Employee No. 57250

2. Name (Last, First, MI)
MARKYVECH, RONALD, K.

3. Div/Dept. No. 039 / 380

4. Report No.

5. Dates of Expense: From 7-13-95 To 7-14-95

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Total
6. Date					7-13-95	7-14-95		
7. City					BATTLE CRY.	CHULSEA		
State/Country					MS	MS		
8. Meals					16 00	✓ 20 34		36 34
9. Incidentals								
10. Hotel/Motel					41 91			41 91
12. Accounting Use Only								
County Code								
Per Diem Rate								
Variance								
13. Telephone					3 54	✓		3 54
14. Taxi, Auto Rental, Local Transp.								
Rate _____ per mile (miles)	()	()	()	()	()	()	()	()
Auto Expense Personal <input type="checkbox"/> Leased <input type="checkbox"/>								
16. Employee Purchased Transp.								
17. *Entertainment								
18. Parking								
19. *Guest Meals								
20. Company Paid Transportation								
21. Leased Car Maint. (Detail Over)								
22. *Other								
23. Total Expense					61 45	20 34		81 79

Account Distribution:

Div.	Gr	Cl	Sub	Dept	Prod	Source	Amount
	74	09	900			6182-01	45.41
			905				
	4		907			2	36.34
			920				
Total							81.79

Advances:

(Cash, Check, Hotel deposits)

Company paid transportation

Carry over from previous report (if applicable)

Amount due employee

Amount due company

Purpose of Trip: PROJECT 6182-01, Took AutoSplit Concept Truck to TCONA'S

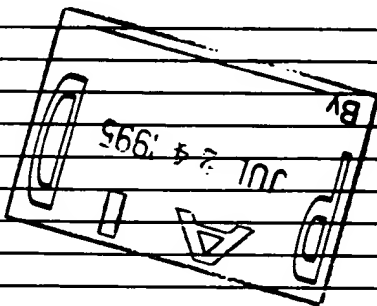
TRUCK Demo AND "Automation Strategic Planning Meeting".

*Explain Expenditures Above By Day:

Sunday: _____

Monday: _____

Tuesday: _____



Wednesday: _____

Thursday: LINE #8 PURCHASED DINNER for TOM GANISG AND MYSELF.

Friday: LINE #8 PURCHASED DINNER for TOM GANISG AND MYSELF.

Saturday: _____

This is a true statement of all expenses incurred by me on behalf of the company for the period indicated.

Ronald K. Markyvech
Employee Signature

7-15-95
Date

Authorized For Reimbursement
Schmidt
Approved

7/24/95
Date